NOTICE OF VESSEL LIEN

Office of the Secretary of the State

MAILING ADDRESS:

Commercial Recording Division Connecticut Secretary of the State P.O. BOX 150470 Hartford, CT 06115-0470 860-509-6002

DELIVERY ADDRESS:

Commercial Recording Division Connecticut Secretary of the State 30 Trinity Street Hartford, CT 06106 860-509-6002

					R	EV. 05/23/2	007		
SPACE FOR OFFICE USE ONLY						Fee: \$25.00			
						File in Duplicate			
					_	110 111	Dupmente		
To all persons whon	n it may concern a lien is claimed b	y me on the b	elow described vesse	d:					
1. OWNER'S E	XACT LEGAL NAME								
IF	LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX		
INDIVIDUAL									
IF	NAME								
ORGANIZATION	N								
MAILING ADDR	ESS (Street or P.O. Box)	CITY		STATE	COUNTRY	POST	TAL CODE		
	S EXACT LEGAL NAME		1		T		_		
IF LAST NAME			FIRST NAME	MIDDLE NAME SUFF		SUFFIX			
INDIVIDUAL	T								
IF	NAME								
ORGANIZATION				l am i mm		2000			
MAILING ADDR	ESS (Street or P.O. Box)	CITY		STATE	COUNTRY	POST	TAL CODE		
2 NAME OF Y	ADGGDI		4 DECI	CED A ELON					
3. NAME OF V	ESSEL		4. REGI	STRATION	N NUMBER				
5 DESCRIPTI	ON OF VESSEL AND NAM	E OE MAN	HIEACTIDED						
5. DESCRIPTI	ON OF VESSEL AND NAM	E OF MA	NUFACIURER						
6. HULL NUM	RFD		7 PFCI	STRATIO	NIIMRED				
i Hold Nowidek			7. REGISTRATION NUMBER						
8. TYPE OF PI	ROPULSION								
0. 1112 01 11	ROI CLOION								
9. LENGTH									
). LENGTH									
10. LOCATION	OF VESSEL								
	(OI VESSEE								
11. AMOUNT O	OF CLAIM								
110 11110 0111)								
12. BASIS OF CLAIM WITH DATES									
12, 2,1515 01									
INTENDED (If	annlicable – at least 60 days n	evt DA	TE OF SALE		PLACE OF	SALE			
INTENDED (If applicable – at least 60 days next SALE succeeding filing of such notice)			TE OF SALE		TEMCE OF	DITLE			
SALE SU	acceding ming of such notice	'							
CLAIMANT'S SI	CNATUDE			1,	DATE				
CLAIMAN I'S SI	GNAIURE				DATE				